

# THE N I H R E C O R D

Still The Second Best Thing About Payday

## NIAID-Howard STD Summer Research Program a Success

By James Hadley

A program that began as a 1-hour lecture on sexually transmitted diseases (STDs) research is now entering its fourth year as a successful 10-week summer research program for medical students at Howard University's College of Medicine in Washington, D.C.

STDs, including HIV infection, disproportionately affect adolescents and minority populations in this country. Part of the solution to this problem depends on training minority physicians in infectious diseases and STD research. A historically Black college, Howard University has conferred more doctorates and medical degrees to African Americans than any other academic institution.

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## Speedier Access to NIH Network Now Available in Montgomery

By Scott Collins

Cable television, which revolutionized a generation's viewing habits with music videos and pay-per-view, is now changing the way some NIH employees get to work. The Center for Information Technology recently teamed up with Cable TV Montgomery to offer cable modem access to the NIH network. The new service means that authorized staff who reside in Montgomery County and subscribe to the cable provider can now access their office networks from home at speeds 20 times faster than conventional dial-up connections.

Cable modems tap into the immense bandwidth available through cable television networks, so files can be downloaded at up to 700 Kbps (kilobits per second)—blink-of-an-eye speed compared

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Changes Proposed by Congress

## FOIA: Delicate Dance of Public Disclosure and Privacy

By Carla Garnett

**T**ry talking about the Freedom of Information Act with your coworker and you can probably expect stifled yawns and glazed-over eyes. But strike up a conversation about it with

NIH FOI Officer Susan Cornell and the reaction will be vastly different. On the job a little more than a year now, Cornell so warms to her work that even to an untutored outsider the legalities and intricacies of it become fascinating.

Most folks may only have a vague idea about FOIA, thinking it some obscure law giving the public access to federal documents. That FOIA

is a way the public can request government information is true, but the law's obscurity is complete myth. Consider that NIH spent more than half a million dollars handling 1,200 FOIA



NIH FOI Officer Susan Cornell

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## NIDA at 25: Looking Back and Ahead

By David Anderson

**T**he National Institute on Drug Abuse was created by an act of Congress on May 14, 1974, in part as a response to burgeoning drug use among the nation's youth. NIDA's mandate is to conduct and facilitate research leading to effective drug abuse prevention and drug addiction treatment, and to educate the public about drug abuse and its consequences. Today, NIDA funds more than 85 percent of the world's research on drug abuse and drug addiction.

"In NIDA's first 25 years, the power of science has discredited ideologies, myths and superstitions about drug abuse and addiction," says director Dr. Alan I. Leshner. "It has demonstrated that drug abuse is a preventable behavior, and that drug addiction is a treatable disease."

One of NIDA's most important achievements has been the use of

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**CABLE MODEM**, CONTINUED FROM PAGE 1

to the rates possible over traditional phone lines. That's good news for employees who telecommute to their workplace—anyone on flexiplace, or staff who work online for extended time periods or have other special system access requirements.

To take advantage of cable access, you still need a dial-up modem connection for logging on and uploading files, i.e., transferring data from the home computer to the network. You also need a network interface card, and of course, the cable modem itself, which is included with Cable TV Montgomery's installation plan. Do-it-yourself types can obtain a self-install kit for \$10. As with other services, staff must register through their NIH account sponsors via Web Sponsor.

Technical support is provided by CIT and Cable TV Montgomery, which offers unlimited service to NIH'ers at a discount price of \$39.95 per month. That price is in addition to basic cable costs.

Most users appear happy with the service. "You can't beat the speed," said the Clinical Center's Mark Miller, who uses remote access to administer networks. He helped iron out the connection process for the Macintosh platform and looks forward to improved Mac support. Cable modem access appears to be a great solution both in terms of bandwidth and price for many users.

Many other high-speed access options exist for NIH staff, including 56K modems, ISDN or DSL technologies. A helpful comparison chart, along with detailed explanations about the availability, affordability and supported network protocols for a wide variety of services, can be found at CIT's Remote Access Solutions Web page, <http://remoteaccess.nih.gov>. ■

*Dr. Narayani Ramakrishnan has recently joined the Division of Receipt and Referral in the Center for Scientific Review. In her new position as assistant chief,*

*she will be involved in all aspects related to the assignment of applications for scientific merit review and for funding consideration. She comes to CSR from the department of applied cellular radiobiology, Armed Forces Radiobiology Research Institute, where she was a visiting scientist from 1989-1994 and a research biologist from 1994-1999. Her expertise includes both basic and*

*clinical biomedical research as well as interdisciplinary studies in radiation biology, biochemistry, oncology, cell biology, molecular biology and immunology.*



*Dr. Constantine A. Stratakis, head of the unit on endocrinology and genetics of NICHD's Developmental Endocrinology Branch, has received the first annual International Award for Excellence in Published Clinical Research. From the Endocrine Society, he was honored for his clinical research paper, "The Aromatase Excess Syndrome is Associated with Feminization of Both Sexes and Autosomal Dominant Transmission of Aberrant P450 Aromatase Gene Transcription," published in the Journal of Clinical Endocrinology and Metabolism. The award recognizes excellence in clinical research in endocrinology. The work was completed during Stratakis' fellowship in the laboratory of Dr. George P. Chrousos, chief of the section on pediatric endocrinology, NICHD. Stratakis is a pediatric endocrinologist and geneticist with interests in the fields of genetics of growth and tumorigenesis. A native of Greece, he earned both an M.D. and a D.Sc. from the University of Athens, Greece. He is currently editor-in-chief of the Journal of Endocrine Genetics.*

**Garden Club Meets, Sept. 2**

The NIH Garden Club's next meeting will attempt to help you deal with the effects of the drought. The meeting will be held Thursday, Sept. 2 at noon in Bldg. 45, Rm. LL. More information will be posted at the club's Web site: <http://www.recgov.org/r&w/garden>.

## NIH RECORD

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♻️ The Record is recyclable as office white paper.

**ORWH Hosts College Student Visits**

The Office of Research on Women's Health hosted nearly 200 students this summer through college programs that encourage women and minorities to advance in scientific careers. Approximately 30 students were part of the Howard University Minority Graduate Education Program who visited ORWH in June. The program's goal is to increase the development of Ph.D. recipients in science, mathematics, and engineering at Howard. ORWH collaborated with a number of institutes and centers to organize presentations and a tour of the Clinical Center. A panel of NIH scientists described educational and scientific opportunities as well as the



*Students from the University of Virginia observe brain specimens from a neuroscience presentation by Dr. Cheryl Kitt of NINDS.*

benefits of science careers here.

In July, 130 students from the University of Virginia School of Medicine Medical Academic Advancement Program participated in a full day of activities. Dr. John Ruffin, NIH associate director for research on minority health, stressed the importance of focus and determination in achieving scientific goals. The students participated in hands-on neuroscience demonstrations and learned about research and training opportunities. The program ended with presentations at the National Library of Medicine.



*Howard University students tour the Visitor Information Center with Sue LaRoche (r) of the Clinical Center.*

**Armed Robbery at Parking Kiosk**

A man armed with a pistol robbed a parking attendant in the paid-parking visitor lot between Bldgs. 1 and 31 around 5:50 p.m. on Wednesday, July 28, then escaped on foot in the direction of Rockville Pike.

Parking staff noticed the suspect loitering suspiciously in the lot for about 10 minutes prior to the hold-up, sitting on a planter and wandering around. When pedestrians left the area, he approached the Parking Lot 4A kiosk brandishing a small-caliber handgun and demanded, "Give me the money or I'll shoot you," said Det. Sgt. Jody Luke of the NIH Police. The attendant handed over an undisclosed sum, and the bandit ran off. "The uniformed division responded and searched the area, but found no clues. The K-9 unit also joined the search," said Det. Scott Noullet.



*Sketch of robbery suspect*

The NIH Police are interested in talking to anyone who may have seen the suspect, described as a Hispanic male in his mid-twenties, between 5'7" and 5'9", olive complexion, black T-shirt with unknown lettering on the front and black pants, and with a wandering left eye. His gun was described as a dark blue or black automatic, possibly .22 or .25 caliber. Anyone who may have seen this person is asked to call the police at 496-3211.

"Violent crimes are really rare at NIH," noted Luke. "There have only been two in the 10 years I've been here." The last armed robbery on campus he could recall was an incident in early 1998 involving an employee held up at gunpoint while walking home in the vicinity of the Medical Center Metro stop. No one was injured in that crime, and it was too dark for the victim to identify the suspect.

Luke said the incidence of crime on campus appears to be down this summer, mirroring national trends. The typical crime reported to NIH Police involves theft of purses and personal items left unattended by employees, he said.

The company that runs NIH's parking concession—Colonial Parking, Inc.—is adopting new security measures, noted Luke. "I understand they are evaluating their own security, including changes in how often they deposit receipts," he said.

Employees are urged to use caution at all times while on campus, noted Jim Sweat, director, Division of Public Safety. "This event is a reminder that the NIH campus, unfortunate as it may seem, is now, more than ever, likely to suffer many of the same crimes as the surrounding jurisdiction." ■

## SUMMER PROGRAM, CONTINUED FROM PAGE 1

That's what the NIAID-Howard University Sexually Transmitted Diseases Cooperative Research Centers (CRC) Summer Program aims to accomplish. Five to 10 Howard University students work on research projects in laboratories or clinics at one of NIAID's eight STD centers located throughout the United States.

The program has been cosponsored by NIAID's Division of Microbiology and Infectious Diseases and the Office of Special Populations and Research Training as well as the NIH Office of Research on Women's Health.

"All of our students have great things to say about the STD center directors," said Dr. Warren K. Ashe, dean of research at Howard University College of Medicine. "The STD center directors have

been wonderful at giving our young people the opportunity to enhance their research careers."

According to Brian Robinson, a second-year medical student: "The people at Indiana University were supportive and nurturing and interested in helping me learn about the science behind the procedures we were doing. This allowed me to build a stronger foundation in the basic sciences. The program has definitely made me see the importance of incorporating research into whatever field I select in the future."

"If Brian Robinson is typical of Howard University students, then the college will be contributing a lot of leaders to the research and medical communities," said Dr. Stanley M. Sponola, director of the STD center at Indiana University.

Robinson worked in Sponola's laboratory isolating proteins of the bacterium *Haemophilus ducreyi*, which cause bacteria to adhere to the skin and cause an infection. He became well-versed not only in research techniques, but also in writing grant proposals.

"We've had three students from Howard University

and I believe it was a great experience for all of us," said Dr. Keerti V. Shah, director of the STD center at Johns Hopkins University. "Without question, these students are dedicated, intelligent and accommodating."

"I had choices in selecting my summer assignment," said Ana Burgos, a second-year medical student who was placed at Johns Hopkins for the summer. "I could work in a laboratory setting, or do data analysis or go into the community and work at an STD clinic."

She elected to work with Dr. Noreen Hynes, who directs two STD clinics in Baltimore. At that time the city had the highest rate of syphilis in the United States. Burgos designed and administered a survey on patient satisfaction with the clinics. "Dr. Hynes was never too busy for me and my project. We worked closely together," she said.

As a part of the program, for 2 weeks in the middle of summer, the students attend an STD/HIV training course at the University of Washington in Seattle along with M.D.s and Ph.D.s from all over the world, including Greece, Russia, France and

Belgium. The course covers the current state of STD/HIV research including prevention, transmission, diagnosis, treatment and behavioral science.

"The course was an outstanding update on STDs and HIV," says Burgos. "Despite the fact that we were students, we felt the course was designed so that everyone would benefit."

"Our students were able to meet and interact with the best and the brightest," said Dr. John T. Stubbs, III, an assistant professor of microbiology at Howard University College of Medicine and a faculty representative who attended the STD/HIV course in Seattle. "It was a meeting of the minds and sharing of ideas."

Dr. Penny J. Hitchcock, chief of the STD Branch in NIAID's Division of Microbiology and Infectious Diseases, who helped to establish the program, said it allows students to expand their vision of medicine. "It is clear from talking to these young people that the experience changes their lives," she said.

Dr. Vivian W. Pinn, NIH associate director for research on women's health, told the students that a



Partners of the NIAID-Howard University Sexually Transmitted Diseases Summer Research Program are (from l) Dr. Penny J. Hitchcock, chief of NIAID's STD Branch; Dr. Warren K. Ashe, dean of research at Howard University College of Medicine; Dr. Vivian W. Pinn, NIH associate director for research on women's health; and Dr. Milton J. Hernandez, director of NIAID's Office of Special Populations and Research Training.

PHOTOS: BILL BRANSON



Dr. Stanley M. Sponola (l), director of the STD center at Indiana University, speaks with Brian Robinson, a second-year medical student at Howard University who spent the summer learning research techniques and writing grant proposals in Sponola's laboratory.



Dr. John T. Stubbs, III, (l) an assistant professor of microbiology at Howard University College of Medicine, and Dr. Edward W. Hook, III, director of the STD center at the University of Alabama, Birmingham, share some ideas on research.

summer opportunity prompted a career change for her. "Having served as chief of pathology at Howard University, I know how great the students are," says Pinn. "I was pleased to be able to support this program and I know it will



*Dr. Keerti V. Shah (l), director of the STD center at Johns Hopkins University, talks with Ana Burgos, a second-year medical student at Howard University who spent the summer administering a survey on patient satisfaction at two STD clinics in Baltimore.*

become a model for future programs." Pinn heads ORWH, which cosponsors the program.

Hitchcock proudly highlights some of the results realized by students in the program:

- ▶ The program benefits students' careers. One student published a paper on his project and subsequently completed an internship at the Centers for Disease Control and Prevention. Another student's work led to coauthorship of two publications.

- ▶ As a direct result of the program, Howard University had more students than any other school participate in the Eastern Regional Research Forum at the University of Miami School of Medicine.

- ▶ A "CRC graduate" placed among the top three in the annual Howard University Research Symposium for 2 consecutive years.

- ▶ Sustained interest in STDs is being generated. Virtually all of the students are interested in returning for a second year, and all of the CRC directors would like to have "their student" return. ■

*Dr. G. Reid Lyon, chief of NICHD's Child Development and Behavior Branch, recently received the Kingsbury Center 60th Anniversary Award for his "critical leadership of scientific inquiry in mental development and learning" and for his own research efforts in reading development and reading disorders. He will also be honored by the International Dyslexia Association in October 1999, and will give the Norman Geschwind keynote address at the association's International Fall Conference in Chicago. Lyon is being*



*recognized for his scientific leadership in defining and identifying the developmental course and the neurobiological substrates of severe reading disorders.*

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## TRICARE To Cover NCI Prevention Trials

In a first for clinical trials, a major health plan has agreed to cover patient costs in cancer prevention trials supported by the National Cancer Institute. TRICARE, the Department of Defense health benefit program and one of the nation's largest health plans, will provide coverage for its 8.3 million beneficiaries to participate in NCI's prevention and early detection trials. TRICARE provides health coverage for dependents of active duty NIH employees in the Public Health Service.

NCI director Dr. Richard Klausner said the agreement would serve as a model for combining better access to health care with continued progress in cancer research. Dr. Sue Bailey, assistant secretary of defense (health affairs), joined Klausner in hailing the agreement, noting that it would give TRICARE beneficiaries access to some of the most promising advances in cancer research.

The new interagency agreement, which became effective June 21, represents an expansion of the DoD/NCI cancer clinical trials agreement instituted by the two agencies in 1996. That agreement covers phase II and phase III treatment trials. The new agreement extends coverage to prevention clinical trials such as the new, nationwide breast cancer prevention trial known as STAR (Study of Tamoxifen and Raloxifene). It also includes early detection trials such as the PLCO (Prostate, Lung, Colorectal and Ovarian Cancer Trial).

More information on trials covered under the DoD/NCI demonstration project is available from NCI's Cancer Information Service at 1-800-4-CANCER and the DoD demonstration coordinator at 1-800-779-3060. Related Web sites are <http://tricare.osd.mil/cancertrials/> and <http://cancertrials.nci.nih.gov>. ■

## Healthy Mothers Needed

The Pediatrics and Developmental Neuropsychiatry Branch, NIMH, seeks right-handed mothers age 20-40 with nonadopted, first-born children age 5-12 to participate in an fMRI study on the visual processing of faces. Volunteers should have no history of medical or psychiatric disorders, and should not be taking prescription medication (including birth control pills). The first-born children of volunteers should have no history of psychiatric illness or chronic medical problems. Volunteers must have normal vision or wear contacts. Participation requires a 2-hour screening interview, a followup visit, and a 3-hour visit for fMRI scan. Participants will be reimbursed. For more information, call Lisa Kalik or Neil Santiago at 496-8381. ■

## Free Clinic Needs Volunteers

**Support women's health—become a volunteer reproductive health or prenatal patient advocate at the Washington Free Clinic. Free training begins Saturday, Sept. 11. The clinic is also looking for clinicians to volunteer one evening/month for internal medicine, gynecology, prenatal and pediatrics. Sought are physicians, nurse practitioners, certified nurse midwives, physician assistants and other skilled medical personnel. For more information, call Christy at (202) 667-1106.**

FOI OFFICER, CONTINUED FROM PAGE 1

requests in 1998. And although 100 requests a month may not seem like a huge amount, consider that a single request can generate thousands of pages in response. Providing the information can take as long as a year, a month or a day, depending on the nature of the request and the amount of review required. As Cornell's predecessor was fond of saying, "Anyone with a 33-cent postage stamp is capable of paralyzing the office." But that's how the FOIA business has been since its enactment in 1966.

"Without a doubt it's the requesters that make the work so interesting," admits Cornell, an attorney and former Navy Judge Advocate General who developed an expertise in FOIA while working at the Commodity Futures Trading Commission.

Last fall, Cornell and the rest of the federal government learned from Congress that a new law could require the FOIA expertise of legions more than are currently in the field. A provision enacted with the October 1998 omnibus appropriation could widely expand FOIA: It might not only increase exponentially the FOIA workload of federal grantmaking agencies, but also could threaten patient privacy rights, impede partnerships between government, academia and private industry, and undermine competition by offering possibly unrestricted access to research data. On July 15, NIH director Dr. Harold Varmus testified on Capitol Hill in support of a measure to repeal the provision.

#### The Right to Know

Did you know that your grade level, salary and last promotion as a federal employee are a matter of public record, as is the email you dashed off to a colleague this morning? That means the information may be available to anyone who requests it, under FOIA. Indeed, the amount of your recent cash award, the 171 you filled out to apply for your job, the notes (and wisecracking cartoons) you scribbled at staff meetings, and, in some cases, even the investment portfolios of certain employees may be accessible to anyone who asks. Surprising? Perhaps. But, as Cornell explains, "Because you are a federal employee and the public is paying your salary, you are fair game. Deciding whether we can deny a request requires a balancing of government interest and private interest."

In most cases, the only things preventing full disclosure of sensitive information are Cornell and the nine exemptions identified in the original FOIA. The FOIA is a disclosure statute. If NIH has records that respond to a request, those records must be released unless one or more of the exemptions applies.

"By regulation, only the NIH FOI officer has the authority to deny access to information under the FOIA," she says. "Routine information about employees that we don't release includes Social

Security number, date of birth and date of high school graduation, home address and phone number, retirement and life insurance specifics, criminal conviction history and veteran's preference and military service data. We also protect information relating to an employee's annual or sick leave. All that falls under exemption 6 [protection of information the release of which could result in a clearly unwarranted invasion of personal privacy] and gets expunged from the documents we eventually release."

Also denied to requesters are comments by grant/contract application reviewers, who would probably not be as candid if they knew their reviews were not confidential.

Besides Cornell, her office has a staff of three FOIA specialists who handle requests involving information in the Office of the Director, requests about sensitive information and those that will result in a denial. Many times this involves working closely with the Office of the General Counsel. The FOI office also is responsible for justifying any denials that result in appeals, and assisting with cases that end up in court. Each institute and center also has an FOI coordinator who handles requests directed to a specific IC.

Requests under FOIA for NIH licensing agreements and cooperative research and development agree-

### The only things preventing full disclosure of sensitive information are Cornell and the nine exemptions identified in the original FOIA.

ments (CRADAs) are on the rise these days, according to Cornell. "More and more we're responding to requests dealing with the business of NIH," she added. "Reviewing these complicated and sensitive documents requires intense attention to detail and internal consistency. I can't emphasize enough that institute leaders need to be committed to complying with the FOIA. The coordinators have to have the cooperation of the program officials, especially when responding to these requests."

Besides exemption 6, others commonly cited by NIH to deny information include exemption 3 (which prohibits disclosure of information protected by another law), exemption 4 (which protects trade secrets and financial or commercial information that is privileged or confidential), and exemption 5 (which protects memos or letters within the agency or among agencies that would not be available in a lawsuit).

"We also provide training—both formally and informally—to groups who want or need to learn

### Healthy Women Needed for Reproductive Health Study

NICHD scientists seek healthy women to take part in a research study of normal female reproduction. You may be eligible if you are under 35, use no birth control pills or other hormones, have normal menstrual cycles and have no history of fibroids, infertility or endometriosis. The research team will explain all study details, risks and benefits. Requires two short visits. Compensation is provided. Call 1-800-411-1222.

more about FOIA," Cornell says. "And we advise FOIA coordinators on a daily basis."

#### Too Much Openness?

Essentially, the new provision broadens the application of FOIA to include not only the federal government, but also all of the government's partners in research. That would mean, for instance, that the public could possibly have unlimited access to even the most preliminary research data by NIH's grantee scientists. It could mean that patients who were promised confidentiality to participate in research might find their cases discussed in the media. Although unintended, the new provision could make patenting and licensing new products extremely difficult, as the data for developing the products would already be in the public domain.

Aware of the provision's potential for harm, the Office of Management and Budget has drafted clarifying changes to the regulation, called "A-110," and is accepting public comments about its revisions until Sept. 10.

"I too am an advocate for openness in scientific research," said Varmus, in his testimony before the House subcommittee on government management, information and technology, which is considering a bill to overturn A-110. "Exchanging ideas and sharing data are absolutely vital to the success of biomedical research...But a word of caution. I think it would be a mistake to open all underlying scientific data to public scrutiny simply because of the concept that all openness is good. There are pitfalls in unrestrained openness, including unwarranted violations of privacy, the potential harassment of scientific investigators and the chilling effect that inappropriate public scrutiny could have on the free exchange of ideas and the willingness to take risks to find answers."

#### Who Wants to Know?

Although anyone can request information under FOIA, in general the requests come from one of several categories: Unsuccessful grant or contract applicants who want to know about the person who was awarded the grant or contract, law firms, people with an interest in a specific disease who want access to NIH research on the disorder, pharmaceutical companies, animal rights organizations, congressional offices and people who wish to challenge a patent or who think they deserve part of the royalty payments from an invention.

Much of the staff's time is spent trying to respond to requests that are outside the purview of FOIA.

"We provide what are called identifiable documents," explains Cornell. "We do not answer questions on program issues. The distinction between program issues and identifiable documents is lost on a lot of people. Nevertheless, we have to

try to respond to every request that comes in the door."

Members of the media who are researching news stories also account for a large number of FOIA requests. In fact, Cornell's office is currently collecting 6 years' worth of public financial statements (the Form-278 filled out by certain NIH employees) for a *Los Angeles Times* reporter. This spring, Cornell released 950 pages of documents, all first carefully reviewed and properly expunged, to the reporter; over 1,300 pages more for the same writer under the same request were released in July. Each page had to be gone over with a fine-tooth comb by FOIA specialists, a painstaking and time-consuming procedure—and that's only for one of the more than a thousand requests that will cross Cornell's desk this year.



*Cornell urges NIH'ers to keep proper records.*

"One thing that would make it easier," she advises, "is for employees to learn to keep their records properly. How you keep your records is very important. For example, there are record retention schedules determined by NIH and the National Archives that tell us how long we have to keep certain documents. Employees should get acquainted with this schedule, because as long as you've got it, we've got to review it and possibly release it."

Once the retention period has passed, employees should discard the documents. That reduces the amount of material FOIA officials must examine. If the documents are kept and then requested under FOIA, they must be located, reviewed and perhaps eventually released to the requester—even though they could have been discarded according to the schedule.

"It would also help if more program officials understood FOIA better," Cornell says. "We're finding that requesters are getting more sophisticated all the time. They know their rights and they take advantage of them. Overall, program officials' cooperation and commitment of resources to FOIA are crucial, especially for handling requests for proprietary information about the science here."

Regardless of the outcome of A-110, a fair number of FOIA requests will continue to arrive daily, and Cornell and her staff will weigh the merits of public disclosure against privacy for each one. However, knowing now the kinds of material they may be scanning—your 171, an email you wrote as a joke or the notes you took while on the phone—you may not be so quick to write off FOIA as dull. ■

NIDA AT 25, CONTINUED FROM PAGE 1

science to clarify central concepts in the field of drug abuse. Consider, for example, addiction. When NIDA began, correct approaches to drug policy and drug treatment were often thought to hinge on determining whether a particular drug was "physically addicting" or only "psychologically addicting." We now know that addiction has biological, behavioral and social components. It is best defined as a chronic, relapsing brain disorder characterized by compulsive, often uncontrollable drug craving, seeking, and use, even in the face of negative health

and social consequences. NIDA-supported research has also shown that this compulsion results from specific drug effects in the brain. This definition opens the way for broad strategies and common approaches to all drug addiction.

NIDA's application of science has imposed another kind of unity on its subject. The variety of

drugs that people will use to become intoxicated is vast. In NIDA's quarter century of existence, the nation has faced surges in the abuse of marijuana, heroin, LSD, crack cocaine and, recently, methamphetamine. Also in the current mix are inhalants (from paint thinner to hair spray and beyond), the sedative/hallucinogen Ecstasy and other "club drugs," the "date rape" drug GHB, and myriad others. In response to this diversity, research conducted and supported by NIDA has identified specific neurotransmitter systems in the brain that produce the emotional and cognitive effects and the craving produced by many common drugs of abuse. Scientists have used genetic engineering techniques to produce new animal models for the study of drug effects on the brain. Using powerful neuroimaging techniques, they have documented the dynamics of neurotransmitters during drug taking and demonstrated that the neurological abnormalities produced by drugs can continue long after drug taking stops. Current objectives of this research are to track the sequence of brain changes that occur during the process of addiction, and to document the effects of drug abuse in the higher functional areas of the brain.

In the treatment area, NIDA has supported research leading to the development of behavioral and pharmacological approaches. NIDA researchers conducted studies that led to the use of the nicotine replacement patch and gum to help nicotine addicts taper their habit and avoid the hazards of tobacco smoke while doing so. NIDA scientists developed LAAM, a medication that blocks craving for heroin

and other opiates, allowing patients to resume normal lives despite their addiction. They established the use of naltrexone to block the effects of opiates, helping abstinent addicts avoid relapse. NIDA-supported research, and a novel collaboration with a pharmaceutical company, has brought buprenorphine, another anti-opiate medication, to the final stages of FDA review. Still another research strand has evaluated the efficacy of many of the strategies and interventions used by drug abuse treatment providers throughout the country. Based on this effort, NIDA is about to publish *Principles of Treatment for Drug Addiction: A Research-Based Guide for health care providers, administrators and policy makers*. The booklet describes research-based principles of drug addiction treatment and provides examples of effective therapies.

NIDA research has shown that treatment is effective in reducing drug use and related crime, unemployment, and health care consequences and costs. With the best treatments today, episodes of drug taking are reduced 40 percent to 60 percent, reductions in drug-related crimes are even greater, and many patients are able to obtain and keep jobs. This is comparable to the reductions in acute episodes and disability produced by treatments for other chronic illnesses such as hypertension and asthma. By conservative estimates, every \$1 spent on drug addiction saves society \$4 to \$7 in criminal justice and health care costs.

To keep abreast of trends in drug use, NIDA relies primarily on two monitoring systems that have been conducted annually since the 1970's. The Monitoring the Future Study asks youths in middle school and high school to report, confidentially, their level of drug use in the past month and in the past year. The community epidemiology work group functions as an early warning system, providing biannual estimates of drug abuse prevalence and trends using data collected in hospital emergency rooms, treatment centers and law enforcement agencies in more than 20 metropolitan areas. NIDA uses the epidemiological information it gathers to warn the nation and prepare a prompt scientific response. The institute was able to alert citizens early to the current spread of methamphetamine abuse, as well as to special problems arising from wide availability of high-purity heroin.

NIDA-supported research has identified social and physiological factors that increase an individual's risk for initiating drug abuse and has shown that genetic factors can increase the risk of addiction. This information has made possible the development of interventions that can prevent people from using drugs. To shape effective prevention messages and direct them to appropriate populations, the institute relies on knowledge gained from studies that have identified vulnerability factors that increase the risk



NIDA's 25th anniversary banners will fly over campus until the end of the year.

of using drugs, and resilience factors that decrease it. For example, some children are at increased risk because they have risk-taking temperaments, while others are suffering in some way that prompts them to self-medicate with drugs. The strongest resiliency factor among children is parental involvement in their lives.

As NIDA enters its second quarter century, the institute is poised to undertake—in the words of Leshner—“a revolutionary advance in the study and treatment of drug abuse, and addiction, and the most important initiative the institute has ever taken.” This will be the National Drug Abuse Treatment Clinical Trials Network (CTN), a nationwide system of “nodes,” each one consisting of a regional research and training center linked in partnership with 10-15 local community treatment programs. Based on a model pioneered by other NIH institutes, the CTN will provide an infrastructure to test whether new and improved treatment components are effective in real-life settings with diverse patient populations. The nodes will work in concert, delivering and testing behavioral and pharmacological treatments and determining the conditions under which new treatments are successfully adopted. To capitalize on their front-line experience and observations, the community treatment programs will be full partners in decision-making about research directions and activities.

NIDA's prevention and treatment research activities also address health risks that arise as a result of drug abuse. In 1986, the institute assumed a major role in the fight against AIDS, and in every year since, a third of every NIDA budget is reserved for AIDS research. A key result has been the demonstration that drug addicts can and will modify behaviors, including needle sharing and sexual activities, that increase the risk of transmitting or acquiring infection with HIV. Participation in treatment lowers an addict's risk of HIV infection by as much as 40 percent. NIDA-supported research contributed to reversing the rise in tuberculosis incidence that occurred in the late 1980's and early 1990's, partly in conjunction with the AIDS epidemic. Today, NIDA is focusing intensely on hepatitis. Hepatitis C is highly prevalent among drug abusers, especially those who inject, 70 percent or more of whom are thought to be presently infected. A stealth virus, hepatitis C causes no symptoms during a long latency period, but silently accumulates damage that culminates in liver failure and cancer in a large portion of cases. Hepatitis B is also potentially lethal.

As an essential part of its mission, NIDA mounts comprehensive campaigns to inform the public and policy makers concerning the scientific facts of drug abuse. The institute creates authoritative publications and media messages for Congress and policy

makers, for research and treatment professionals, for parents and children, and for drug abusers themselves. This year, NIDA launched one of its largest and best-received efforts ever: “NIDA Goes to School,” a science education packet, was sent to every one of the country's 18,000-plus middle schools. In addition, NIDA has conducted 15 town meetings on drug abuse, cosponsored with city governments, state officials and other local partners. More informally, but a lifeline for many people, NIDA's staff answer individual queries, many seeking help with individual or family drug abuse problems that have become acute.

NIDA's celebrations will reach a zenith Sept. 27, when it hosts a major scientific meeting in Masur Auditorium, Bldg. 10. Look for NIDA's 25th anniversary banners, which will fly over the campus for the remainder of 1999.

#### Milestones in NIDA History

**1974:** NIDA is established as a federal focal point for research, treatment, prevention and training services, and data collection on the nature and extent of drug abuse.

**1981:** NIDA's mission changes as Congress legislates the Block Grant Program to give states more control over drug abuse treatment and prevention services.

**1986:** The dual epidemics of drug abuse and drug abuse-related HIV infection and AIDS are recognized by Congress and the administration in a quadrupling of NIDA funding for research on both major diseases.

**1988:** Congress further increases NIDA funding for treatment research demonstrations, research on the maternal and fetal effects of drugs, and medications development.

**1990:** NIDA establishes its Medications Development Program to focus efforts on new pharmacotherapies for drug addiction.

**1992:** NIDA joins the National Institutes of Health, and inaugurates the Behavioral Therapy Development Program to standardize and accelerate the testing of promising new nonpharmacological therapies.

**1995:** NIDA researchers clone the dopamine transporter, cocaine's primary site of action in the brain.

**1997:** NIDA launches the annual Prism Awards for accurate depiction of drugs, alcohol and tobacco in feature films and television productions. It also releases *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*.

**1998:** NIDA establishes the Center for AIDS and Other Medical Consequences of Drug Abuse to coordinate a multidisciplinary research program on drug abuse and HIV/AIDS and other health consequences of drug abuse and addiction.

**1999:** NIDA launches the National Drug Abuse Treatment Clinical Trials Network to rapidly and efficiently test the effectiveness of behavioral and pharmacological treatments in real-life settings. NIDA also releases *Principles of Drug Addiction Treatment: A Research-Based Guide*, which describes the most successful concepts for treating people with drug abuse and addiction problems.

### NIAAA Executive Officer Martin Trusty Retires

After 38 years of service, NIAAA Executive Officer Martin Trusty is retiring in September.

He graduated from the College of William and Mary with a B.A. in economics and later received an M.S. degree from George Washington University in management. He has served as NIAAA's executive officer since 1973.

Prior to joining NIAAA, he spent 8 years at the NASA Langley Research Center in Hampton, Va., followed by several years with other DHHS organizations. Dr. Enoch Gordis, NIAAA director, said, "I, and all of us at NIAAA, will miss Marty Trusty very much as he leaves us this summer. He is a remarkable man. It goes without saying that he has a deep knowledge of the workings of government, and a detailed command of all administrative and financial issues that face our institute. What is most important is that he is not only smart, but wise. He has deep insight into human nature, and he handles difficult personnel issues with tact and grace. His judgment has been of immense value to me over the years in many areas. He understands the science, and has been a regular participant in scientific decisions. He is kind and generous, and I still recall his friendship and guidance when I first came to Washington. We have shared many laughs over the years about the more bizarre antics of bureaucracy and much else. He is highly literate and a graceful writer, with a deep love of classical music. With retirement, he will have more time for his family, especially his young grandchildren, whom he adores. We wish him and his wife Penny much happiness."

During Trusty's tenure at NIAAA, he played a key role in a number of changes, including the formal establishment of NIAAA as an institute in the early 1970's, conversion of all of NIAAA's services programs to block grants in 1981, and the transfer of NIAAA to NIH in 1992. He also negotiated and directed NIAAA's relocation from the Parklawn Bldg. in 1993, as part of NIAAA's efforts to rapidly integrate into NIH. While he was executive officer, the institute's research budget grew from less than \$10 million to \$260 million this year. His career spanned seven institute directors, and he received numerous performance awards including the PHS Superior Performance Award and the NIH Director's Award.

Noted Dr. Ting-Kai Li of Indiana University School of Medicine, who is a member of the advisory committee to the NIH director, "Marty is the consummate executive officer. He makes you believe he is invisible, but to those who seek to understand successful federal government operations, his imprinting is evident everywhere."

Dr. Ted Colburn, former NIAAA deputy scientific

director and current scientific director of the Foundation for NIH, said, "To me, Marty is the prototype executive officer, with emphasis on 'executive.' He is very intelligent, articulate, an exceptional writer, and has a fine analytical mind and a great sense of humor. He does not obsess on administrative minutiae, but always sees the big picture. He is a loyal advocate of the institute and its staff. He has exceptional judgment and always seems to know the right thing to say or do in politically sensitive situations."

Added Dr. Faye Calhoun, NIAAA associate director for collaborative research, "Among the pleasures for a career bureaucrat are the times when you have had an opportunity to work with a master of administrative management who is also a world-class human being. Public administration textbooks don't hold a candle to this kind of knowledge, experience and graceful handling of the executive officer's role."

Upon retirement and completion of some long-delayed household projects, Trusty plans to make a third visit to England with his wife Penny, who recently retired as a principal scientist at Comsat Laboratories. One of his long-term hobbies is English history; he is an Anglophile who frequently listens to the BBC World Service on his short-wave radio. His son Jim, his daughter Karen, and their families, including four grandchildren, live in Montgomery County. Trusty is looking forward to increased activities with both families. He also will be kept busy as treasurer of the Woodley Gardens Civic Association in Rockville and as an active member of the Baha'i Faith community in Rockville.

About retiring, he said, "It was a difficult decision because of the institute's culture and collegial environment under Dr. Gordis. The appointment of Dr. Gordis as institute director in 1986 and transfer of NIAAA to NIH in 1992 have been two major defining events in NIAAA's history." ■



*Dr. Robert Hoover, director, Epidemiology and Biostatistics Program, Division of Cancer Epidemiology and Genetics, NCI, was presented the Distinguished Service Award by DES ACTION USA, a national, nonprofit consumer organization dedicated to informing the public about diethylstilbestrol (DES) and helping persons exposed to the drug. Hoover was honored*

*for his tireless dedication to research benefitting the lives of DES-exposed individuals.*

### Depressed, Anxious Teens Sought

You and your 14-16-year-old may be eligible to take part in research at the National Institute of Mental Health. This is a study about how young people experience emotions, and how feeling sad or worried can cause problems.

Payment will be provided. For details, call Barbara Usher, 496-1301.

## CIT Receives Web Business Honors

NIH's Center for Information Technology recently won the CIO Web Business 50/50 award for online business excellence. The honor from *CIO* magazine recognizes 50 Internet and 50 intranet/extranet sites that deliver outstanding business value. CIT's Web site was the only civilian federal government site to be named as one of the top 50 on the Internet.

Winners are selected from hundreds of nominees by a panel of Web developers, art designers, editors and writers with *CIO* magazine. The judges look for sites that successfully integrate creative design and high quality technical attributes in ways that contribute to an organization's overall objective and meet the needs of its target audience.

### Not Just a Pretty Face

In building CIT's site, Webmaster Charles Mokotoff sought "to get away from organizational aspects and develop something more functional" to help visitors find information quickly and easily. The home page had to be "dense" but easily navigable.

Two things helped achieve that goal. From the start, a team of planners considered, above all, the needs of CIT's users—primarily NIH staff seeking answers to questions on everything from computer training, security, email solutions and telecommunications, to complex scientific computing.



Second, Mokotoff and designer Richard Barnes combined an eye-pleasing palette of cool colors with innovative techniques: alternating feature graphics, a sidebar of "popular links" mined from CIT's Help Desk

Knowledgebase, plus "factoids,"

frequently updated technology tips submitted by users. These interactive elements work by "bringing information buried in the site up to the front," says Barnes. The package promotes a fresh appearance that channels viewers swiftly to their destination.

### Taking Care of Business

Mokotoff and Barnes are pleased the Web site garnered an accolade for online business—it means CIT stands out in an industry still learning how to utilize the Internet's full potential to provide quality

service. Delivering Web-based resources to its customers—NIH researchers and administrators—is just one way that CIT is striving for excellence as a partner in the NIH business of biomedical discovery.

CIT and the other winners "exemplify leadership and innovation in an ever-changing interactive environment," according to *CIO* magazine, which is published by International Data Group, a leading provider of information technology media and research. Visit the award-winning site at <http://cit.nih.gov>, or find complete coverage of the 1999 CIO Web Business 50/50 Awards at <http://www.cio.com>.—Gregory Roa ■

## Computer Classes

All courses are on the NIH campus and are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Advanced Sequence Analysis Using the Wisconsin Package	8/25-26
Running Windows 98	8/26
Choosing Telephone Services at NIH	8/26
NIH Data Warehouse Budget and Finance	8/26
Introduction to Visual Basic	8/30-9/2
FileMaker Pro on the Web - Real World Examples	8/31
Creating Animated Web Presentations with PowerPoint 97	8/31
ColdFusion	9/1
Electronic Forms Users Group	9/1
Account Sponsor Orientation	9/2
Java GUI Programming	9/2,8
The NIH Contractor Performance System	9/8
Fundamentals of Unix	9/8-10
WIG - World Wide Web Interest Group	9/14
Database Technology Seminar	9/17

NIDCR director Dr. Harold Slavkin pays tribute to the late Dr. Lois Salzman as "someone who was genuinely excited by science." NIDCR has established an annual lecture to honor the memory of Salzman, a special assistant to the director who died in May. The first lecture took the form of a symposium called "The Joy of Discovery" that celebrated her life. Held July 9 in Wilson Hall, the symposium featured scientists who had worked with Salzman talking about their recollections of her and about their scientific discoveries that were highlights in their research careers. The audience included her family, friends and colleagues.



Dr. Lawrence Yager recently joined the Center for Scientific Review as a health scientist administrator in the infectious diseases and microbiology integrated review group. His expertise is in the areas of microbial genetics and molecular biology; he will be responsible for managing the review of small business innovation research and small business technology transfer applications assigned to the group. In 1991, he became a tenured associate professor in the department of biology at Temple University, where for the past 14 years he conducted research concerned with deducing mechanisms involved in the initiation of asexual sporulation and development in the filamentous fungus *Aspergillus nidulans*.

## NIDCD Holds Student Poster, Awards Event

The National Institute on Deafness and Other Communication Disorders recently celebrated the work of students and mentors engaged in both summer and year-long research internships at the NIDCD annual Student Poster and Awards Presentation. Director Dr. James F. Battey Jr., noted the importance of “establishing an infrastructure of



*Julius Korley, NIDCD Partnership Program intern, presents his research.*

solid science, mentorship and administrative support in order to strengthen the pipeline carrying qualified young scientists into human communication research.”

NIDCD has a Partnership Program with the Office of Research on Minority Health bringing interns from the University of Puerto Rico, Gallaudet University, the University of Alaska System and the Atlanta University Center. Partnership steering committee chair and NIDCD Executive Officer David Kerr noted, “In the past 5 years, more than 60 students have taken part in either summer-long or year-long research internships through what we feel is a unique program.” Additionally, NIDCD has collaborated with the Office of Undergraduate Scholarships Program and the University of the

District of Columbia to bring qualified students into a training experience. The poster event allows for the presentation of research attempted and lessons learned.

Topics included: “Gene Expression in the Developing Mouse Inner Ear,” “Functional and Genetic Analysis of the Jerker Mouse Mutant,” and “4000 Hz Notch in Mexican-American, Cuban and Puerto Rican Adult Males.” The awards ceremony that followed the poster session allows the institute to



*Juan Albertorio (r), a graduate student in the Partnership Program, describes his research to NIDCD acting clinical director Dr. Carter Van Waes, a mentor in the program.*

express pride in the work of these aspiring young scientists and appreciation to the mentors who have been guiding them. ■



*Angelica (r), the decidedly un-angelic character from the cartoon series Rugrats, visited NIH recently to indulge in uncharacteristic altruism—she presented a check for \$6,000 to the NIH charities. Her mission was sponsored by the Washington Baltimore Cable Council and Pay-Per-View Network, Inc., who contributed \$1 to NIH charities for every viewer who tuned into Rugrats during the month of June. Angelica also visited patients at the Clinical Center and the Children's Inn during her visit. Here she greets Matt Wright, 18, of Elkhart, Ind., who is an NIAID patient.*

### Patients with Oral Leukoplakia Needed

NCI, NIDCR and NIDCD are recruiting patients with oral leukoplakia for a study testing a nonsurgical treatment for this condition. A leukoplakia lesion is white to gray in color and develops on the tongue or in the mouth in response to chronic irritation such as cigarette smoking or other tobacco use. Eligible patients also can participate in a smoking cessation program at no charge. For more information, call Dr. Jane Atkinson at 496-2069. ■



*Rihana Williams describes her research to Dr. James F. Battey, Jr., director of NIDCD.*